

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

ADDRESS (number and street)

1100 New York Avenue NW

Suite 750 West

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00219444

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

05

01

2008

through

05

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Eric Vaughn

Signature of Treasurer

Electronically Filed by Eric Vaughn

Date

02

08

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 15

Write or Type Committee Name

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

Report Covering the Period:

From:

M M
0 5D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 5D D
3 1Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		48584.39
(b) Cash on Hand at Beginning of Reporting Period	79648.83	
(c) Total Receipts (from Line 19)	9593.76	57458.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	89242.59	106043.13
7. Total Disbursements (from Line 31)	4310.97	21111.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84931.62	84931.62
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6792.88	41841.29
(ii) Unitemized	2429.88	3555.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9222.76	45396.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9222.76	45396.87
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	13.15
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	371.00	11048.72
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9593.76	57458.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9593.76	57458.74

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	310.97	2245.01	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	310.97	2245.01	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	18000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	500.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	500.00	
29. Other Disbursements.....	0.00	366.50	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4310.97	21111.51	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4310.97	21111.51	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9222.76	45396.87
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9222.76	44896.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	310.97	2245.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	13.15
38. Net Operating Expenditures (subtract Line 37 from Line 36)	310.97	2231.86

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial)

Ms Lynn DeMauro Clark

Mailing Address 100 Roscommon Drive, Suite 300

City

Middletown

State

CT

Zip Code

06457

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPS Settlements Group

Occupation

Settlement Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.5166

Amount of Each Receipt this Period

400.00

contribution

B.

Full Name (Last, First, Middle Initial)

Christine Garascia

Mailing Address 7011 Orchard Lake Rd.

City

W. Bloomfield

State

MI

Zip Code

48322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan & Associates

Occupation

consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.5168

Amount of Each Receipt this Period

1000.00

contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Raymond Giorgetti

Mailing Address 80 Burton Lane

City

Commack

State

NY

Zip Code

11725

FEC ID number of contributing
federal political committee.

C

Name of Employer
SFA

Occupation

consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.5170

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial)

Glen O. Houghton

Mailing Address 6053 S. Quebec St. Suite 201

City

Centennial

State

CO

Zip Code

80111-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridge Settlement Corporation

Occupation

Structured Settlement Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.5172

Amount of Each Receipt this Period

1000.00

contribution

B.

Full Name (Last, First, Middle Initial)

Jeffrey C. Low

Mailing Address 73 Fortuna Ave

City

San Francisco

State

CA

Zip Code

94115-3862

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPS Settlements Group

Occupation

Settlement Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.5173

Amount of Each Receipt this Period

142.88

contribution

C.

Full Name (Last, First, Middle Initial)

Brian Milosh

Mailing Address 103 Pine Hill Rd

City

Southborough

State

MA

Zip Code

01772-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Settlement Services

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.5176

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional)

2142.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial)

Richard Naylor

Mailing Address 360 Delaware Ave.

City

Buffalo

State

NY

Zip Code

14202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Designed Set. Svcs.

Occupation
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.5177

Amount of Each Receipt this Period

1000.00

contribution

B.

Full Name (Last, First, Middle Initial)

Ryan H. Philyaw

Mailing Address 513 NE Brushbrook Dr.

City

Lee's Summit

State

MO

Zip Code

64064

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPS Settlements Group

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.5178

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Donald B. Suss

Mailing Address PO Box 880

City

Frazer

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer
SFA

Occupation
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.5182

Amount of Each Receipt this Period

1000.00

contribution

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

6792.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial)

NSSTA (National Structured Settlements Trade Association)

Mailing Address 1800 K St NW Ste 718

City

Washingotn

State

DC

Zip Code

20006-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

11001.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: SA17.5857

Amount of Each Receipt this Period

371.00

Non-PAC Receipt Deposited
in PAC Account

SUBTOTAL of Receipts This Page (optional)

371.00

TOTAL This Period (last page this line number only)

371.00

A. Form/Schedule : **SA17**
Transaction ID : **SA17.5857**

Non-PAC Receipt Deposited in PAC Accounted, Returned to NSSTA Account on 6/17 (See July 20 Monthly Report, Sch. B)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.5184 Date of Disbursement																				
Mailing Address PO Box 622227	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	8												
City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card processing fees Candidate Name	<table border="1"> <tr> <td colspan="10">1.75</td> </tr> </table>	1.75																			
1.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.5185 Date of Disbursement																				
Mailing Address PO Box 622227	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	8												
City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card processing fees Candidate Name	<table border="1"> <tr> <td colspan="10">13.20</td> </tr> </table>	13.20																			
13.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.5186 Date of Disbursement																				
Mailing Address PO Box 622227	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	8												
City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card processing fees Candidate Name	<table border="1"> <tr> <td colspan="10">16.16</td> </tr> </table>	16.16																			
16.16																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

31.11

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.5187 Date of Disbursement																				
Mailing Address PO Box 622227	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	8												
City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card processing fees Candidate Name	<table border="1"> <tr> <td colspan="10">33.00</td> </tr> </table>	33.00																			
33.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.5188 Date of Disbursement																				
Mailing Address PO Box 622227	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	8												
City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card processing fees Candidate Name	<table border="1"> <tr> <td colspan="10">51.13</td> </tr> </table>	51.13																			
51.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB21B.5189 Date of Disbursement																				
Mailing Address PO Box 622227	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	2		2	0	0	8												
City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period																				
Purpose of Disbursement credit card processing fees Candidate Name	<table border="1"> <tr> <td colspan="10">71.73</td> </tr> </table>	71.73																			
71.73																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

155.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address PO Box 622227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
credit card processing fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

124.00

SUBTOTAL of Disbursements This Page (optional)

124.00

TOTAL This Period (last page this line number only)

310.97

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 15

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 13

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.5191

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City State Zip Code
Totowa NJ 07511

Purpose of Disbursement
contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 08

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.5194

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
SENSENBRENNER COMMITTEE

Mailing Address P. O. Box 575

City State Zip Code
Brookfield WI 53008

Purpose of Disbursement
contribution

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 05

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.5196

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL STRUCTURED SETTLEMENTS TRADE ASSOCIATION PAC

A.

Full Name (Last, First, Middle Initial)

THE HAWKEYE PAC

Mailing Address PO Box 192

City
Des Moines

State
IA

Zip Code
50301

Purpose of Disbursement
contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.5192

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)